

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

DAVE GILES FOR CONGRESS

ADDRESS (number and street)

3667 EAST MEGAN STREET

Check if different  
than previously  
reported. (ACC)

GILBERT

AZ

85295

2. FEC IDENTIFICATION NUMBER ▼

C

C00572602

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

AZ

09

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y

10

D D / Y Y Y Y

01

Y Y Y Y

2015

through

M M / D D / Y Y Y Y

12

D D / Y Y Y Y

31

Y Y Y Y

2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dale Robert Giles

Signature of Treasurer

Dale Robert Giles

[Electronically Filed]

Date

M M / D D / Y Y Y Y

01

D D / Y Y Y Y

11

Y Y Y Y

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 67

Write or Type Committee Name

**DAVE GILES FOR CONGRESS**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)) ....	1165.00	6297.21
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	1165.00	6297.21
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	39387.28	96533.14
(b) Total Offsets to Operating Expenditures (from Line 14) .....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	39387.28	96533.14
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	35797.63	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	140018.13	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

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FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**DAVE GILES FOR CONGRESS**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	1	/	2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	1	5

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

1165.00

6297.21

**(ii) Unitemized.....**

0.00

0.00

**(iii) TOTAL of contributions from individuals ▶**

1165.00

6297.21

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees (such as PACs).....**

0.00

0.00

**(d) The Candidate.....**

0.00

0.00

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

1165.00

6297.21

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

2676.82

140018.13

**(b) All Other Loans.....**

0.00

0.00

**(c) TOTAL LOANS (add Lines 13(a) and (b)).....**

2676.82

140018.13

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

3841.82

146315.34

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 67

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	39387.28	96533.14
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	100.00	100.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	8748.72	13884.57
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	48236.00	110517.71

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	80191.81
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3841.82
25. SUBTOTAL (add Line 23 and Line 24).....	84033.63
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	48236.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	35797.63

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 5 OF 67

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**DAVE GILES FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Philip Creps**

Mailing Address 1271 North Bronco Lane

City State Zip Code  
Gilbert AZ 85233

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2015

**Transaction ID : SA11AI.4368**

Amount of Each Receipt this Period

100.00

**B.** Full Name (Last, First, Middle Initial)  
**Marvin G. Elliot**

Mailing Address 9433 E Juanita Ave

City State Zip Code  
Mesa AZ 85209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2015

**Transaction ID : SA11AI.4292**

Amount of Each Receipt this Period

100.00

9/29 Macayos Event

**C.** Full Name (Last, First, Middle Initial)  
**John Emery**

Mailing Address 2252 E Spurwind Ln

City State Zip Code  
Green Valley AZ 85614

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired unknown

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2015

**Transaction ID : SA11AI.4414**

Amount of Each Receipt this Period

100.00

NRA Donation

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

300.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 67

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**DAVE GILES FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Dale Robert Giles</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>28</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	10		28		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
10		28		2015									
Mailing Address 15832 East Richwood Avenue		<b>Transaction ID : SA11AI.4360</b>											
City Fountain Hills	State AZ	Zip Code 85268											
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table>		500.00									
500.00													
Name of Employer Iridium	Occupation Treasurer												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>500.00</td> </tr> </table>			500.00									
500.00													
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Ann Heins</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>01</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	10		01		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
10		01		2015									
Mailing Address 5603 S Outrigger Rd		<b>Transaction ID : SA11AI.4293</b>											
City Tempe	State AZ	Zip Code 85283											
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"> <tr> <td>25.00</td> </tr> </table>		25.00									
25.00													
Name of Employer Self Employed	Occupation Realtor/Self Employed												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>25.00</td> </tr> </table>			25.00									
25.00													
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Eric Kohler</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>03</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	12		03		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
12		03		2015									
Mailing Address 767 East Canyon Rock Road		<b>Transaction ID : SA11AI.4407</b>											
City Green Valley	State AZ	Zip Code 85614											
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table>		100.00									
100.00													
Name of Employer Soprano Family West	Occupation unknown												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>100.00</td> </tr> </table>			100.00									
100.00													
<b>SUBTOTAL</b> of Receipts This Page (optional).....		<table border="1"> <tr> <td>625.00</td> </tr> </table>		625.00									
625.00													
<b>TOTAL</b> This Period (last page this line number only).....		<table border="1"> <tr> <td></td> </tr> </table>											

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**DAVE GILES FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Jane I Miranda</b>			Date of Receipt M M / D D / Y Y Y Y 10 / 26 / 2015		
Mailing Address 3877 East Morelos Street			<b>Transaction ID : SA11AI.4364</b>		
City Gilbert	State AZ	Zip Code 85295	Amount of Each Receipt this Period _____ 50.00 At 10/26/2015 event		
FEC ID number of contributing federal political committee. C _____					
Name of Employer		Occupation			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 50.00			
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Richard Miranda</b>			Date of Receipt M M / D D / Y Y Y Y 10 / 26 / 2015		
Mailing Address 3877 East Morelos Street			<b>Transaction ID : SA11AI.4365</b>		
City Gilbert	State AZ	Zip Code 85295	Amount of Each Receipt this Period _____ 50.00 At 10/26/2015 event		
FEC ID number of contributing federal political committee. C _____					
Name of Employer		Occupation			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 50.00			
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Cash Donations Misc Donor</b>			Date of Receipt M M / D D / Y Y Y Y 12 / 10 / 2015		
Mailing Address 3030 South Rural Suite 106			<b>Transaction ID : SA11AI.4413</b>		
City Tempe	State AZ	Zip Code 85282	Amount of Each Receipt this Period _____ 10.00 ATM CASH DEPOSIT ON 12/10 915 BASELINE RD TEMPE AZ 0006789 ATM ID 1713C CARD 3581		
FEC ID number of contributing federal political committee. C _____					
Name of Employer Unknown		Occupation Unknown			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 10.00			
<b>SUBTOTAL</b> of Receipts This Page (optional).....			_____ 110.00		
<b>TOTAL</b> This Period (last page this line number only).....			_____		

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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PAGE 8 OF 67

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**DAVE GILES FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Bill Sorenson</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 10 / 2015	
Mailing Address 7903 E Plata Ave			<b>Transaction ID : SA11AI.4429</b>	
City	State	Zip Code		
Mesa	AZ	85212		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 100.00	
Name of Employer		Occupation	ATM CASH DEPOSIT ON 12/10 915 BASELINE RD TEMPE AZ 0006789 ATM ID 1713C CARD 3581	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 120.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Bill Sorenson</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 28 / 2015	
Mailing Address 7903 E Plata Ave			<b>Transaction ID : SA11AI.4406</b>	
City	State	Zip Code		
Mesa	AZ	85212		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 5.00	
Name of Employer		Occupation		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 125.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Edward F. Steele</b>			Date of Receipt M M / D D / Y Y Y Y Y 10 / 01 / 2015	
Mailing Address 1657 W Kiowa Ave			<b>Transaction ID : SA11AI.4291</b>	
City	State	Zip Code		
Mesa	AZ	85202		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 25.00	
Name of Employer		Occupation	9/29 event At Mycayos	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 25.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			130.00	
<b>TOTAL</b> This Period (last page this line number only).....			1165.00	



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**DAVE GILES FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>DAVID VICTOR GILES</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 02 / 2015	
Mailing Address 3667 EAST MEGAN STREET		<b>Transaction ID : SA13A.4319</b>	
City GILBERT	State AZ	Zip Code 85295	Amount of Each Receipt this Period _____ 435.00 Complete Inspection Service, LLC
FEC ID number of contributing federal political committee. C H6AZ09010			
Name of Employer Retired	Occupation Consultant		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 138227.31		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>DAVID VICTOR GILES</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 02 / 2015	
Mailing Address 3667 EAST MEGAN STREET		<b>Transaction ID : SA13A.4419</b>	
City GILBERT	State AZ	Zip Code 85295	Amount of Each Receipt this Period _____ 70.04 Ethernet adapter / 2-handset cordless answering machine
FEC ID number of contributing federal political committee. C H6AZ09010			
Name of Employer Retired	Occupation Consultant		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 138297.35		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>DAVID VICTOR GILES</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 09 / 2015	
Mailing Address 3667 EAST MEGAN STREET		<b>Transaction ID : SA13A.4427</b>	
City GILBERT	State AZ	Zip Code 85295	Amount of Each Receipt this Period _____ 168.59 Color Toner
FEC ID number of contributing federal political committee. C H6AZ09010			
Name of Employer Retired	Occupation Consultant		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 138465.94		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		_____ 673.63	
<b>TOTAL</b> This Period (last page this line number only).....		_____	

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 67

<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	--	-------------------------------------	------------------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**DAVE GILES FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>DAVID VICTOR GILES</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>04</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	12		04		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
12		04		2015									
Mailing Address 3667 EAST MEGAN STREET		<b>Transaction ID : SA13A.4425</b>											
City GILBERT	State AZ	Zip Code 85295	Amount of Each Receipt this Period <table border="1"> <tr> <td>258.71</td> </tr> </table> Insperion 3252	258.71									
258.71													
FEC ID number of contributing federal political committee. <table border="1"> <tr> <td>C</td> <td>H6AZ09010</td> </tr> </table>		C	H6AZ09010										
C	H6AZ09010												
Name of Employer Retired	Occupation Consultant												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>138724.65</td> </tr> </table>			138724.65									
138724.65													
<b>B.</b> Full Name (Last, First, Middle Initial) <b>DAVID VICTOR GILES</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>07</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	12		07		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
12		07		2015									
Mailing Address 3667 EAST MEGAN STREET		<b>Transaction ID : SA13A.4423</b>											
City GILBERT	State AZ	Zip Code 85295	Amount of Each Receipt this Period <table border="1"> <tr> <td>776.13</td> </tr> </table> Lenovo PC / 2 monitors	776.13									
776.13													
FEC ID number of contributing federal political committee. <table border="1"> <tr> <td>C</td> <td>H6AZ09010</td> </tr> </table>		C	H6AZ09010										
C	H6AZ09010												
Name of Employer Retired	Occupation Consultant												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>139500.78</td> </tr> </table>			139500.78									
139500.78													
<b>C.</b> Full Name (Last, First, Middle Initial) <b>DAVID VICTOR GILES</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>08</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	12		08		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
12		08		2015									
Mailing Address 3667 EAST MEGAN STREET		<b>Transaction ID : SA13A.4421</b>											
City GILBERT	State AZ	Zip Code 85295	Amount of Each Receipt this Period <table border="1"> <tr> <td>107.79</td> </tr> </table> GT740 PC	107.79									
107.79													
FEC ID number of contributing federal political committee. <table border="1"> <tr> <td>C</td> <td>H6AZ09010</td> </tr> </table>		C	H6AZ09010										
C	H6AZ09010												
Name of Employer Retired	Occupation Consultant												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>139608.57</td> </tr> </table>			139608.57									
139608.57													
<b>SUBTOTAL</b> of Receipts This Page (optional).....		<table border="1"> <tr> <td>1142.63</td> </tr> </table>		1142.63									
1142.63													
<b>TOTAL</b> This Period (last page this line number only).....		<table border="1"> <tr> <td></td> </tr> </table>											

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**DAVE GILES FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>DAVID VICTOR GILES</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 18 / 2015	
Mailing Address 3667 EAST MEGAN STREET		<b>Transaction ID : SA13A.4416</b>	
City GILBERT	State AZ	Zip Code 85295	Amount of Each Receipt this Period _____ 11.84 Office Max - Adapter & Hanging folders
FEC ID number of contributing federal political committee. C H6AZ09010			
Name of Employer Retired	Occupation Consultant		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 139620.41		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>DAVID VICTOR GILES</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 26 / 2015	
Mailing Address 3667 EAST MEGAN STREET		<b>Transaction ID : SA13A.4435</b>	
City GILBERT	State AZ	Zip Code 85295	Amount of Each Receipt this Period _____ 400.00 Executive staff meeting meal expenses
FEC ID number of contributing federal political committee. C H6AZ09010			
Name of Employer Retired	Occupation Consultant		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 140020.41		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>DAVID VICTOR GILES</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2015	
Mailing Address 3667 EAST MEGAN STREET		<b>Transaction ID : SA13A.4437</b>	
City GILBERT	State AZ	Zip Code 85295	Amount of Each Receipt this Period _____ 448.72 Men's Wearhouse
FEC ID number of contributing federal political committee. C H6AZ09010			
Name of Employer Retired	Occupation Consultant		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 140469.13		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		_____ 860.56	
<b>TOTAL</b> This Period (last page this line number only).....		_____ 2676.82	

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 67

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**DAVE GILES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Arizona Gold Rea**

Mailing Address 5225 S McClintock Dr

City	State	Zip Code
Tempe	AZ	85283

Purpose of Disbursement  
BILL PAY Arizona Gold Rea ON-LINE xxxx xxxx xxxxxxxs StrON 11-24

001

Candidate Name

**DAVE GILES FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: AZ District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		24		2015

Amount of Each Disbursement this Period

1212.93
---------

Transaction ID : SB17.4390

**B. Arizona Gold Rea**

Mailing Address 5225 S McClintock Dr

City	State	Zip Code
Tempe	AZ	85283

Purpose of Disbursement  
BILL PAY Arizona Gold Rea ON-LINE xxxx xxxx xxxxxxxs StrON 11-24

001

Candidate Name

**DAVE GILES FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: AZ District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		29		2015

Amount of Each Disbursement this Period

1212.93
---------

Transaction ID : SB17.4433

**c. AZ Investing R.E.**Mailing Address 5603 S. Outrigger Road  
c/o Heins Property Mgrs

City	State	Zip Code
Tempe	AZ	85283

Purpose of Disbursement  
Office rent

001

Candidate Name

**DAVE GILES FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: AZ District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		02		2015

Amount of Each Disbursement this Period

358.05
--------

Transaction ID : SB17.4280

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2783.91

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 67

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**DAVE GILES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. AZ Investing R.E.**Mailing Address 5603 S. Outrigger Road  
c/o Heins Property MgrsCity State Zip Code  
Tempe AZ 85283Purpose of Disbursement  
November Office Rent

001

Candidate Name

**DAVE GILES FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: AZ District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		30		2015

Amount of Each Disbursement this Period

1056.00
---------

Transaction ID : SB17.4375

**B. AZ Investing R.E.**Mailing Address 5603 S. Outrigger Road  
c/o Heins Property MgrsCity State Zip Code  
Tempe AZ 85283Purpose of Disbursement  
Office rent

001

Candidate Name

**DAVE GILES FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: AZ District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		08		2015

Amount of Each Disbursement this Period

352.95
--------

Transaction ID : SB17.4393

**c. AZ Investing R.E.**Mailing Address 5603 S. Outrigger Road  
c/o Heins Property MgrsCity State Zip Code  
Tempe AZ 85283Purpose of Disbursement  
Office rent

001

Candidate Name

**DAVE GILES FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: AZ District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		29		2015

Amount of Each Disbursement this Period

711.00
--------

Transaction ID : SB17.4432

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2119.95

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 67

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**DAVE GILES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Baca Graphics LLC**Mailing Address 3030 South Rural Road  
#110City State Zip Code  
Tempe AZ 85282Purpose of Disbursement  
Bumper Stickers

004

Category/  
Type

Candidate Name

**DAVE GILES FOR CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: AZ District: 09

Date of Disbursement

M M	D D	Y Y Y Y
12	16	2015

Amount of Each Disbursement this Period

496.00
--------

Transaction ID : SB17.4398

**B. Best Buy**

Mailing Address 2288 East Williams Field Road

City State Zip Code  
Gilbert AZ 85295Purpose of Disbursement  
Ethernet adapter / 2-handset cordless answering maching

001

Category/  
Type

Candidate Name

**DAVE GILES FOR CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: AZ District: 09

Date of Disbursement

M M	D D	Y Y Y Y
10	02	2015

Amount of Each Disbursement this Period

70.04
-------

Transaction ID : SB17.4420

**c. Best Buy**

Mailing Address 2288 East Williams Field Road

City State Zip Code  
Gilbert AZ 85295Purpose of Disbursement  
Insperion 3252

001

Category/  
Type

Candidate Name

**DAVE GILES FOR CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: AZ District: 09

Date of Disbursement

M M	D D	Y Y Y Y
12	04	2015

Amount of Each Disbursement this Period

258.71
--------

Transaction ID : SB17.4426

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

824.75

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 67

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**DAVE GILES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Best Buy**

Mailing Address 2288 East Williams Field Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		07		2015

City	State	Zip Code
Gilbert	AZ	85295

Amount of Each Disbursement this Period

776.13
--------

Purpose of Disbursement  
Lenovo PC / 2 monitors

001

**Transaction ID : SB17.4424**

Candidate Name

**DAVE GILES FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: AZ District: 09

Full Name (Last, First, Middle Initial)

**B. Best Buy**

Mailing Address 2288 East Williams Field Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		08		2015

City	State	Zip Code
Gilbert	AZ	85295

Amount of Each Disbursement this Period

107.79
--------

Purpose of Disbursement  
GT740 PC

001

**Transaction ID : SB17.4422**

Candidate Name

**DAVE GILES FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: AZ District: 09

Full Name (Last, First, Middle Initial)

**c. Charleston's**

Mailing Address 1623 S Stapley Dr,

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		26		2015

City	State	Zip Code
Mesa	AZ	85204

Amount of Each Disbursement this Period

400.00
--------

Purpose of Disbursement  
Executive staff meeting meal expenses

007

**Transaction ID : SB17.4436**

Candidate Name

**DAVE GILES FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: AZ District: 09

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1283.92

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 67

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**DAVE GILES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Cox Communications Phoenix**

Mailing Address PO Box 53249

City	State	Zip Code
Phoenix	AZ	85072

Purpose of Disbursement  
BILL PAY COX at Rural ON-LINE xxxxxxxxxxx35501 ON 10-15

001

Candidate Name

**DAVE GILES FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: AZ District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		15		2015

Amount of Each Disbursement this Period

246.53
--------

Transaction ID : SB17.4327

**B. Cox Communications Phoenix**

Mailing Address PO Box 53249

City	State	Zip Code
Phoenix	AZ	85072

Purpose of Disbursement  
BILL PAY COX at Rural ON-LINE xxxxxxxxxxx35501 ON 11-20

001

Candidate Name

**DAVE GILES FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: AZ District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		20		2015

Amount of Each Disbursement this Period

246.71
--------

Transaction ID : SB17.4386

**C. Cox Communications Phoenix**

Mailing Address PO Box 53249

City	State	Zip Code
Phoenix	AZ	85072

Purpose of Disbursement  
BILL PAY COX at Rural ON-LINE xxxxxxxxxxx35501 ON 12-21

001

Candidate Name

**DAVE GILES FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: AZ District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		21		2015

Amount of Each Disbursement this Period

122.76
--------

Transaction ID : SB17.4403

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

616.00



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 67

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**DAVE GILES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Office Max**

Mailing Address 2711 S Market Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		09		2015

City	State	Zip Code
Gilbert	AZ	85296

Amount of Each Disbursement this Period

168.59
--------

Purpose of Disbursement  
Office Max - Color Toner

001

Transaction ID : SB17.4428

Candidate Name

**DAVE GILES FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: AZ District: 09

Full Name (Last, First, Middle Initial)

**B. Office Max**

Mailing Address 2711 S Market Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		18		2015

City	State	Zip Code
Gilbert	AZ	85296

Amount of Each Disbursement this Period

11.84
-------

Purpose of Disbursement  
Office Max - Adapter & Hanging folders

001

Transaction ID : SB17.4417

Candidate Name

**DAVE GILES FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: AZ District: 09

Full Name (Last, First, Middle Initial)

**c. PGR Consulting - Campaign Manager / Campaign Consultant**Mailing Address 2625 N 24th St  
Unit 10

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		15		2015

City	State	Zip Code
Mesa	AZ	85213

Amount of Each Disbursement this Period

7500.00
---------

Purpose of Disbursement  
Consultatn services

001

Transaction ID : SB17.4370

Candidate Name

**DAVE GILES FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: AZ District: 09

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7680.43

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 67

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**DAVE GILES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. PGR Consulting - Campaign Manager / Campaign Consultant**Mailing Address 2625 N 24th St  
Unit 10City State Zip Code  
Mesa AZ 85213Purpose of Disbursement  
Consultatn services

001

Candidate Name

**DAVE GILES FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: AZ District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2015

Amount of Each Disbursement this Period

29.46
-------

Transaction ID : SB17.4381

**B. PGR Consulting - Campaign Manager / Campaign Consultant**Mailing Address 2625 N 24th St  
Unit 10City State Zip Code  
Mesa AZ 85213Purpose of Disbursement  
Consultatn services

001

Candidate Name

**DAVE GILES FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: AZ District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2015

Amount of Each Disbursement this Period

7500.00
---------

Transaction ID : SB17.4382

**c. PGR Consulting - Campaign Manager / Campaign Consultant**Mailing Address 2625 N 24th St  
Unit 10City State Zip Code  
Mesa AZ 85213Purpose of Disbursement  
Consultatn services

001

Candidate Name

**DAVE GILES FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: AZ District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		15		2015

Amount of Each Disbursement this Period

6500.00
---------

Transaction ID : SB17.4397

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

14029.46

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 67

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**DAVE GILES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. PIZZA HUT 026698 TEMPE AZ S385299841533675 CARD 3581**

Mailing Address 808 W Broadway Rd,

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		26		2015

City	State	Zip Code
Tempe	AZ	85292

Amount of Each Disbursement this Period

71.40
-------

 Purpose of Disbursement  
 PURCHASE AUTHORIZED ON 10/27 PIZZA HUT 026698 TEMPE AZ  
 S385299841533675 CARD 3581

007

**Transaction ID : SB17.4374**

Candidate Name

**DAVE GILES FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: AZ District: 09

Full Name (Last, First, Middle Initial)

**B. Salt River Project**

Mailing Address 1521 N Project Dr,

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		21		2015

City	State	Zip Code
Tempe	AZ	85281

Amount of Each Disbursement this Period

86.96
-------

 Purpose of Disbursement  
 Office Electric Bill

001

**Transaction ID : SB17.4402**

Candidate Name

**DAVE GILES FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: AZ District: 09

Full Name (Last, First, Middle Initial)

**C. SMARTSIGN 718-797-1900 NY S305322021065816 CARD 3581**Mailing Address 300 Cadman Plz W  
Ste 1303

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		20		2015

City	State	Zip Code
Brooklyn	NY	11201

Amount of Each Disbursement this Period

21.39
-------

 Purpose of Disbursement  
 PURCHASE AUTHORIZED ON 11/19 SMARTSIGN 718-797-1900 NY  
 S305322021065816 CARD 3581 - Dave's Nametax

004

**Transaction ID : SB17.4384**

Candidate Name

**DAVE GILES FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: AZ District: 09

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

179.75

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 67

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**DAVE GILES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. The Keg**

Mailing Address 3065 W Chandler Blvd

City	State	Zip Code
Chandler	AZ	85226

Purpose of Disbursement  
Volunteer Appreciation Event

007

Category/  
Type

Candidate Name

**DAVE GILES FOR CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: AZ

District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		18		2015

Amount of Each Disbursement this Period

297.00
--------

Transaction ID : SB17.4400

**B. VILLAGE-INN-REST # MESA AZ S005324122941452**

Mailing Address 1155 S Dobson Rd

City	State	Zip Code
Mesa	AZ	85202

Purpose of Disbursement  
PURCHASE AUTHORIZED ON 11/19 VILLAGE-INN-REST # MESA AZ  
S005324122941452 CARD 9306

007

Category/  
Type

Candidate Name

**DAVE GILES FOR CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: AZ

District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		23		2015

Amount of Each Disbursement this Period

56.02
-------

Transaction ID : SB17.4388

**c. Wells Fargo Merchant Bank Card**

Mailing Address 100 W. Washington St.

City	State	Zip Code
Phoenix	AZ	85003

Purpose of Disbursement  
BANKCARD FEE - 0485997148

001

Category/  
Type

Candidate Name

**DAVE GILES FOR CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State: AZ

District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		13		2015

Amount of Each Disbursement this Period

45.00
-------

Transaction ID : SB17.4369

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

398.02

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 67

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**DAVE GILES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Wells Fargo Merchant Bank Card**

Mailing Address 100 W. Washington St.

City	State	Zip Code
Phoenix	AZ	85003

Purpose of Disbursement

Expand Transaction 36 with description : ONLINE TRANSFER REF

#REFUNDING TO VISA SIGNATURE CARD XXXX

Candidate Name

**DAVE GILES FOR CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: AZ

District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		19		2015

Amount of Each Disbursement this Period

5500.00
---------

Transaction ID : SB17.4371

**B. Wells Fargo Merchant Bank Card**

Mailing Address 100 W. Washington St.

City	State	Zip Code
Phoenix	AZ	85003

Purpose of Disbursement

Expand Transaction 30 with description : ONLINE TRANSFER REF

#REFUNDING TO VISA SIGNATURE CARD XXXX

Candidate Name

**DAVE GILES FOR CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: AZ

District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		28		2015

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : SB17.4408

**C. Wells Fargo Merchant Bank Card**

Mailing Address 100 W. Washington St.

City	State	Zip Code
Phoenix	AZ	85003

Purpose of Disbursement

ONLINE DEP DETAIL &amp; IMAGES

Candidate Name

**DAVE GILES FOR CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: AZ

District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		09		2015

Amount of Each Disbursement this Period

3.00
------

Transaction ID : SB17.4376

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7503.00

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 67

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**DAVE GILES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Wells Fargo Merchant Bank Card**

Mailing Address 100 W. Washington St.

City	State	Zip Code
Phoenix	AZ	85003

Purpose of Disbursement  
BANKCARD DISCOUNT FEE - 0485997148

Candidate Name

**DAVE GILES FOR CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: AZ District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		12		2015

Amount of Each Disbursement this Period

1.33
------

Transaction ID : SB17.4378

**B. Wells Fargo Merchant Bank Card**

Mailing Address 100 W. Washington St.

City	State	Zip Code
Phoenix	AZ	85003

Purpose of Disbursement  
BANKCARD INTERCHANGE FEE - 0485997148

Candidate Name

**DAVE GILES FOR CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: AZ District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		12		2015

Amount of Each Disbursement this Period

2.55
------

Transaction ID : SB17.4379

**C. Wells Fargo Merchant Bank Card**

Mailing Address 100 W. Washington St.

City	State	Zip Code
Phoenix	AZ	85003

Purpose of Disbursement  
BANKCARD FEE - 0485997148

Candidate Name

**DAVE GILES FOR CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State: AZ District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		12		2015

Amount of Each Disbursement this Period

45.07
-------

Transaction ID : SB17.4380

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

48.95

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 67

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**DAVE GILES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Wells Fargo Merchant Bank Card**

Mailing Address 100 W. Washington St.

City	State	Zip Code
Phoenix	AZ	85003

Purpose of Disbursement  
WITHDRAWAL MADE IN A BRANCH/STORE Office Rental

001

Candidate Name

**DAVE GILES FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: AZ

District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		20		2015

Amount of Each Disbursement this Period

1824.27
---------

Transaction ID : SB17.4385

**B. Wells Fargo Merchant Bank Card**

Mailing Address 100 W. Washington St.

City	State	Zip Code
Phoenix	AZ	85003

Purpose of Disbursement  
ONLINE DEP DETAIL & IMAGES

001

Candidate Name

**DAVE GILES FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: AZ

District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		08		2015

Amount of Each Disbursement this Period

3.00
------

Transaction ID : SB17.4392

**C. Wells Fargo Merchant Bank Card**

Mailing Address 100 W. Washington St.

City	State	Zip Code
Phoenix	AZ	85003

Purpose of Disbursement  
BANKCARD DISCOUNT FEE - 0485997148

001

Candidate Name

**DAVE GILES FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: AZ

District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		10		2015

Amount of Each Disbursement this Period

0.27
------

Transaction ID : SB17.4394

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1827.54



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 67

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**DAVE GILES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Wells Fargo Merchant Bank Card**

Mailing Address 100 W. Washington St.

City	State	Zip Code
Phoenix	AZ	85003

Purpose of Disbursement  
BANKCARD INTERCHANGE FEE - 0485997148

Candidate Name

**DAVE GILES FOR CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State: AZ District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		10		2015

Amount of Each Disbursement this Period

1.53
------

Transaction ID : SB17.4395

**B. Wells Fargo Merchant Bank Card**

Mailing Address 100 W. Washington St.

City	State	Zip Code
Phoenix	AZ	85003

Purpose of Disbursement  
Expand Transaction 7 with description : BANKCARD FEE -  
0485997148BANKCARD FEE - 0485997148

Candidate Name

**DAVE GILES FOR CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State: AZ District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		10		2015

Amount of Each Disbursement this Period

90.07
-------

Transaction ID : SB17.4396

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

91.60
-------

39387.28
----------





**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 67

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**DAVE GILES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Bea Rocklin Finance Manager**Mailing Address 3104 East Camelback Road  
#156City State Zip Code  
Phoenix AZ 85016Purpose of Disbursement  
Finance Manager Services

Candidate Name

**DAVE GILES FOR CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: AZ District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		02		2015

Amount of Each Disbursement this Period

3000.00
---------

Transaction ID : SB21.4281

**B. Bea Rocklin Finance Manager**Mailing Address 3104 East Camelback Road  
#156City State Zip Code  
Phoenix AZ 85016Purpose of Disbursement  
Finance Manager Services

Candidate Name

**DAVE GILES FOR CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: AZ District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		09		2015

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB21.4377

**C. Bea Rocklin Finance Manager**Mailing Address 3104 East Camelback Road  
#156City State Zip Code  
Phoenix AZ 85016Purpose of Disbursement  
Finance Manager Services

Candidate Name

**DAVE GILES FOR CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: AZ District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		07		2015

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB21.4391

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 67

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**DAVE GILES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Complete Inspection Service, LLC**Mailing Address 8720 E. Pampa Ave  
602-7083964City State Zip Code  
Mesa AZ 85202Purpose of Disbursement  
Complete inspection of office

001

Category/  
Type

Candidate Name

**DAVE GILES FOR CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: AZ District: 09

Date of Disbursement

M M	D D	Y Y Y Y
10	02	2015

Amount of Each Disbursement this Period

435.00
--------

Transaction ID : SB21.4321

**B. Men's Wearhouse**

Mailing Address 6355 East Southern Avenue

City State Zip Code  
Mesa AZ 85206Purpose of Disbursement  
Campaign clothes

006

Category/  
Type

Candidate Name

**DAVE GILES FOR CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: AZ District: 09

Date of Disbursement

M M	D D	Y Y Y Y
12	31	2015

Amount of Each Disbursement this Period

448.72
--------

Transaction ID : SB21.4440

**C. Midwest Tactical, Inc.**

Mailing Address P. O. Box 330

City State Zip Code  
Alba MO 64830Purpose of Disbursement  
Tactical Equipment

006

Category/  
Type

Candidate Name

**DAVE GILES FOR CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: AZ District: 09

Date of Disbursement

M M	D D	Y Y Y Y
10	08	2015

Amount of Each Disbursement this Period

2865.00
---------

Transaction ID : SB21.4326

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3748.72

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 67

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**DAVE GILES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Title365 Company Inc.**Mailing Address 3303 E. Baseline Road  
#106City State Zip Code  
Gilbert AZ 85234Purpose of Disbursement  
Holding

008

Candidate Name

**DAVE GILES FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: AZ

District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		02		2015

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : SB21.4295

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

--

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

--

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2000.00

8748.72

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 29 OF 67

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4098

DAVE GILES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2016

DAVID VICTOR GILES

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

3667 EAST MEGAN STREET

City

State

ZIP Code

GILBERT

AZ

85295

Original Amount of Loan

11000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

11000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
04 / 01 / 2015

Date Due

M M / D D / Y Y Y Y  
/ / 2016

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

11000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 30 OF 67

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4358

DAVE GILES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2016

DAVID VICTOR GILES

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

3667 EAST MEGAN STREET

City

State

ZIP Code

GILBERT

AZ

85295

Original Amount of Loan

1500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1500.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
04 / 01 / 2015

Date Due

M M / D D / Y Y Y Y  
/ / 2016

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1500.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 31 OF 67

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4116

DAVE GILES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2016

DAVID VICTOR GILES

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

3667 EAST MEGAN STREET

City

State

ZIP Code

GILBERT

AZ

85295

Original Amount of Loan

7500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

7500.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
05 / 20 / 2015

Date Due

M M / D D / Y Y Y Y  
/ / 2016

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

7500.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 32 OF 67

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4135

DAVE GILES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2016

DAVID VICTOR GILES

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

3667 EAST MEGAN STREET

City

State

ZIP Code

GILBERT

AZ

85295

Original Amount of Loan

6000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

6000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
06 / 18 / 2015

Date Due

M M / D D / Y Y Y Y  
/ / 2016

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

6000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 33 OF 67

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4198

DAVE GILES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2016

DAVID VICTOR GILES

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

3667 EAST MEGAN STREET

City

State

ZIP Code

GILBERT

AZ

85295

Original Amount of Loan

7500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

7500.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
07 / 15 / 2015

Date Due

M M / D D / Y Y Y Y  
/ / 216

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

7500.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 34 OF 67

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4337

DAVE GILES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2016

DAVID VICTOR GILES

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

3667 EAST MEGAN STREET

City

State

ZIP Code

GILBERT

AZ

85295

Original Amount of Loan

119.88

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

119.88

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
07 / 15 / 2015

Date Due

M M / D D / Y Y Y Y  
/ / 2016

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

119.88

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 35 OF 67

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4341

DAVE GILES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

DAVID VICTOR GILES

[PERSONAL FUNDS]

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

3667 EAST MEGAN STREET

City

GILBERT

State

AZ

ZIP Code

85295

Original Amount of Loan

46.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

46.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
07 / 19 / 2015

Date Due

M M / D D / Y Y Y Y  
/ / 2016

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

46.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4343

DAVE GILES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2016

DAVID VICTOR GILES

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

3667 EAST MEGAN STREET

City

State

ZIP Code

GILBERT

AZ

85295

Original Amount of Loan

226.35

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

226.35

**TERMS**

Date Incurred

M / D / Y  
07 / 24 / 2015

Date Due

M / D / Y  
 / / 2016

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

226.35

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4346

DAVE GILES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

DAVID VICTOR GILES

**[PERSONAL FUNDS]**

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

3667 EAST MEGAN STREET

City

GILBERT

State

AZ

ZIP Code

85295

Original Amount of Loan

16.99

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

16.99

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
07 / 24 / 2015

Date Due

M M / D D / Y Y Y Y  
/ / 2016

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

16.99

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4350

DAVE GILES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2016

DAVID VICTOR GILES

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

3667 EAST MEGAN STREET

City

State

ZIP Code

GILBERT

AZ

85295

Original Amount of Loan

140.13

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

140.13

**TERMS**

Date Incurred

M / D / Y  
07 / 24 / 2015

Date Due

M / D / Y  
 / / 2016

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

140.13

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4214

DAVE GILES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2016

DAVID VICTOR GILES

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

3667 EAST MEGAN STREET

City

State

ZIP Code

GILBERT

AZ

85295

Original Amount of Loan

1530.94

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1530.94

**TERMS**

Date Incurred

M / D / Y  
07 / 27 / 2015

Date Due

M / D / Y  
 / / 2016

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1530.94

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4335

DAVE GILES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2016

DAVID VICTOR GILES

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

3667 EAST MEGAN STREET

City

State

ZIP Code

GILBERT

AZ

85295

Original Amount of Loan

200.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

200.00

**TERMS**

Date Incurred

M / D / Y  
07 / 30 / 2015

Date Due

M / D / Y  
 / / 2016

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

200.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4223

DAVE GILES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2016

DAVID VICTOR GILES

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

3667 EAST MEGAN STREET

City

State

ZIP Code

GILBERT

AZ

85295

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
08 / 04 / 2015

Date Due

M M / D D / Y Y Y Y  
/ / 2016

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4239

DAVE GILES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2016

DAVID VICTOR GILES

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

3667 EAST MEGAN STREET

City

State

ZIP Code

GILBERT

AZ

85295

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
08 / 06 / 2015

Date Due

M M / D D / Y Y Y Y  
/ / 2016

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 43 OF 67

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4254

DAVE GILES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2016

DAVID VICTOR GILES

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

3667 EAST MEGAN STREET

City

State

ZIP Code

GILBERT

AZ

85295

Original Amount of Loan

246.55

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

246.55

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
08 / 06 / 2015

Date Due

M M / D D / Y Y Y Y  
/ / 2016

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

246.55

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 44 OF 67

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4264

DAVE GILES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2016

DAVID VICTOR GILES

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

3667 EAST MEGAN STREET

City

State

ZIP Code

GILBERT

AZ

85295

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
08 / 06 / 2015

Date Due

M M / D D / Y Y Y Y  
/ / 2016

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 45 OF 67

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4352

DAVE GILES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

DAVID VICTOR GILES

**[PERSONAL FUNDS]**

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

3667 EAST MEGAN STREET

City

GILBERT

State

AZ

ZIP Code

85295

Original Amount of Loan

66.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

66.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
08 / 06 / 2015

Date Due

M M / D D / Y Y Y Y  
/ / 2016

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

66.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 46 OF 67

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4247

DAVE GILES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2016

DAVID VICTOR GILES

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

3667 EAST MEGAN STREET

City

State

ZIP Code

GILBERT

AZ

85295

Original Amount of Loan

7500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

7500.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
08 / 17 / 2015

Date Due

M M / D D / Y Y Y Y  
/ / 2016

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

7500.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 47 OF 67

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4256

DAVE GILES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2016

DAVID VICTOR GILES

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

3667 EAST MEGAN STREET

City

State

ZIP Code

GILBERT

AZ

85295

Original Amount of Loan

200.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

200.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
08 / 20 / 2015

Date Due

M M / D D / Y Y Y Y  
/ / 2016

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

200.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 48 OF 67

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4258

DAVE GILES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2016

DAVID VICTOR GILES

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

3667 EAST MEGAN STREET

City

State

ZIP Code

GILBERT

AZ

85295

Original Amount of Loan

475.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

475.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
08 / 27 / 2015

Date Due

M M / D D / Y Y Y Y  
/ / 2016

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

475.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 49 OF 67

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4317

DAVE GILES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2016

DAVID VICTOR GILES

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

3667 EAST MEGAN STREET

City

State

ZIP Code

GILBERT

AZ

85295

Original Amount of Loan

119.47

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

119.47

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
09 / 02 / 2015

Date Due

M M / D D / Y Y Y Y  
/ / 2016

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

119.47

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4266

DAVE GILES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2016

DAVID VICTOR GILES

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

3667 EAST MEGAN STREET

City

State

ZIP Code

GILBERT

AZ

85295

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
09 / 10 / 2015

Date Due

M M / D D / Y Y Y Y  
/ / 2016

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4315

DAVE GILES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

DAVID VICTOR GILES

**[PERSONAL FUNDS]**

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

3667 EAST MEGAN STREET

City

GILBERT

State

AZ

ZIP Code

85295

Original Amount of Loan

36.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

36.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
09 / 10 / 2015

Date Due

M M / D D / Y Y Y Y  
/ / 2016

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

36.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4283

DAVE GILES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2016

DAVID VICTOR GILES

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

3667 EAST MEGAN STREET

City

State

ZIP Code

GILBERT

AZ

85295

Original Amount of Loan

99.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

99.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
09 / 14 / 2015

Date Due

M M / D D / Y Y Y Y  
/ / 2016

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

99.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 53 OF 67

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4271

DAVE GILES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

DAVID VICTOR GILES

[PERSONAL FUNDS]

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

3667 EAST MEGAN STREET

City

State

ZIP Code

GILBERT

AZ

85295

Original Amount of Loan

500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
09 / 15 / 2015

Date Due

M M / D D / Y Y Y Y  
/ / 2016

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

500.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4272

DAVE GILES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2016

DAVID VICTOR GILES

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

3667 EAST MEGAN STREET

City

State

ZIP Code

GILBERT

AZ

85295

Original Amount of Loan

7500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

7500.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
09 / 15 / 2015

Date Due

M M / D D / Y Y Y Y  
/ / 2016

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

7500.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 55 OF 67

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4275

DAVE GILES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2016

DAVID VICTOR GILES

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

3667 EAST MEGAN STREET

City

State

ZIP Code

GILBERT

AZ

85295

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

227.00

0.00

227.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
09 / 25 / 2015M M / D D / Y Y Y Y  
/ / 2016M M / D D / Y Y Y Y  
/ / 2016M M / D D / Y Y Y Y  
/ / 2016

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

227.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4299

DAVE GILES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2016

DAVID VICTOR GILES

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

3667 EAST MEGAN STREET

City

State

ZIP Code

GILBERT

AZ

85295

Original Amount of Loan

197.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

197.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
09 / 29 / 2015

Date Due

M M / D D / Y Y Y Y  
/ / 2016

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

197.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4277

DAVE GILES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2016

DAVID VICTOR GILES

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

3667 EAST MEGAN STREET

City

State

ZIP Code

GILBERT

AZ

85295

Original Amount of Loan

80000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

80000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
09 / 30 / 2015

Date Due

M M / D D / Y Y Y Y  
/ / 2016

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

80000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4323

DAVE GILES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2016

DAVID VICTOR GILES

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

3667 EAST MEGAN STREET

City

State

ZIP Code

GILBERT

AZ

85295

Original Amount of Loan

395.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

395.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
09 / 30 / 2015

Date Due

M M / D D / Y Y Y Y  
/ / 2016

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

395.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4319

DAVE GILES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

DAVID VICTOR GILES

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

3667 EAST MEGAN STREET

City

GILBERT

State

AZ

ZIP Code

85295

Original Amount of Loan

435.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

435.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
10 / 02 / 2015

Date Due

M M / D D / Y Y Y Y  
/ / 2016

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

435.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4419

DAVE GILES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

DAVID VICTOR GILES

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

3667 EAST MEGAN STREET

City

GILBERT

State

AZ

ZIP Code

85295

Original Amount of Loan

70.04

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

70.04

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
10 / 02 / 2015

Date Due

M M / D D / Y Y Y Y  
/ / 2016

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

70.04

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4427

DAVE GILES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

DAVID VICTOR GILES

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

3667 EAST MEGAN STREET

City

GILBERT

State

AZ

ZIP Code

85295

Original Amount of Loan

168.59

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

168.59

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
11 / 09 / 2015

Date Due

M M / D D / Y Y Y Y  
/ / 2016

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

168.59

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4425

DAVE GILES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

DAVID VICTOR GILES

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

3667 EAST MEGAN STREET

City

State

ZIP Code

GILBERT

AZ

85295

Original Amount of Loan

258.71

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

258.71

**TERMS**

Date Incurred

M / D / Y  
12 / 04 / 2015

Date Due

M / D / Y  
 / / 2016

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

258.71

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 63 OF 67

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4423

DAVE GILES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

DAVID VICTOR GILES

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

3667 EAST MEGAN STREET

City

GILBERT

State

AZ

ZIP Code

85295

Original Amount of Loan

776.13

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

776.13

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
12 / 07 / 2015

Date Due

M M / D D / Y Y Y Y  
/ / 2016

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

776.13

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 64 OF 67

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4421

DAVE GILES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

DAVID VICTOR GILES

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

3667 EAST MEGAN STREET

City

State

ZIP Code

GILBERT

AZ

85295

Original Amount of Loan

107.79

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

107.79

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
12 / 08 / 2015

Date Due

M M / D D / Y Y Y Y  
/ / 2016

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

107.79

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 65 OF 67

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4416

DAVE GILES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

DAVID VICTOR GILES

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

3667 EAST MEGAN STREET

City

State

ZIP Code

GILBERT

AZ

85295

Original Amount of Loan

11.84

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

11.84

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
12 18 / 2015

Date Due

M M / D D / Y Y Y Y  
/ 2016

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

11.84

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 66 OF 67

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4435

DAVE GILES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

DAVID VICTOR GILES

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

3667 EAST MEGAN STREET

City

GILBERT

State

AZ

ZIP Code

85295

Original Amount of Loan

400.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

400.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
12 / 26 / 2015

Date Due

M M / D D / Y Y Y Y  
 / / 2016

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

400.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4437

DAVE GILES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

DAVID VICTOR GILES

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

3667 EAST MEGAN STREET

City

GILBERT

State

AZ

ZIP Code

85295

Original Amount of Loan

448.72

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

448.72

**TERMS**

Date Incurred

M 12 / D 31 / Y 2015

Date Due

M / D / Y 2016

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

448.72

**TOTALS** This Period (last page in this line only)..... ►

140018.13

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.